

| Volume 6 | Number 2 | Spring 2008 |

# DAKOTA NURSE

C O N N E C T I O N

**ND Criminal History  
Record Checks**

**SD Nursing Education  
Program Annual Report 2007**

**NORTH *and* SOUTH DAKOTA STATE BOARDS *of* NURSING**



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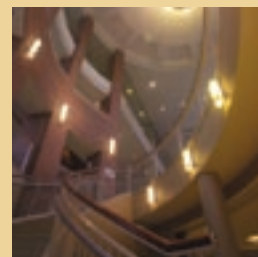
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Dakota Nursing Connection circulation includes over 26,000 licensed nurses and student nurses in North and South Dakota.

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## INTERNATIONAL NURSING

### RICARDO'S STORY: BRINGING HOPE TO A POOR GUATEMALAN CHILD

Joni Tweeten, RN

#### GOD CHILD'S PROJECT

You slowly open your heavy eyelids and try to focus your groggy mind. Where are you? What is this dingy white room with a bed in the corner, a bed that you have just found yourself on after what seems to have been the longest, deepest night's sleep you have ever had. To make matters worse, you're all alone. You have never been without at least one of your parents before. Then, all of a sudden, a door on the other end of the room opens. With it comes an intensely bright, shining light, and from the middle of the light, there is someone coming towards you. She looks a little like your mother, but it's not her. As she nears you, you realize that she is wearing a white dress, shoes and hat. She softly speaks to you in Spanish, but the only words you understand are "Hola, Ricardo." She keeps talking softly, almost whispering to you as she pulls your blankets down. She reaches toward your legs, and you cower away in fear. Who is this woman? Why is she here? WHAT is she going to do? A small cry escapes from your lips. Then suddenly, there is movement in a chair beside you. In the darkness of the room, you didn't even realize that there was anyone else in the room. A thin man rises from the chair and reaches out to you. He is your father. You reach out to him as the tears cascade down your cheeks. He tries to reassure you in your native tongue, as the woman works doing something to your legs. It hurts. What is she doing? You stop crying just long enough to lift your head and see that she isn't working on your legs, but on what WERE your legs. THEY'RE GONE! Someone cut off your legs. All that is left are two little stubs that are all bandaged up. WHAT HAPPENED? WHO DID THIS TO YOU? WHY??? You take a deep breath, and the sobs start coming. You can't control them. You can't think. All you can do is grasp with all your six-year-old might to your father, who is holding you, and the woman continues to work.

Ricardo González Pérez is a little boy, who due to an unfortunate illness, Leucocystic Vasculitis, had his legs amputated, and this is his story.

Before September of 2006, Ricardo was a happy, healthy Guatemalan boy living with his family in the remote highlands of his country. But then, he started to complain of pain in his legs. His parents thought it was related to a recent cut he received from a tree branch in the river and took him to the local shaman, or witch doctor. When, despite the treatment, Ricardo didn't seem to get any better, they brought him back in for a second visit. Again, Ricardo showed no improvement. Instead, his pain increased and his legs started to turn black. Then, out of desperation, Ricardo's parents took him to a medical clinic in the capital of his Guatemalan state. It wasn't long after that that Ricardo was helicoptered to Guatemala City due to the severity of his condition. After the initial examination, the doctors there feared the tissue death was due to a flesh eating bacteria that must have entered Ricardo's body through the cut on his leg. It wasn't until later that they realized Ricardo's symptoms were actually due to Leucocystic Vasculitis. Regardless of the cause, they knew that due to the severity of the tissue death in Ricardo's legs, they had to be amputated.

It was shortly after his surgery, when some of the doctors at the Roosevelt Hospital caring for Ricardo, called on the GOD'S CHILD Project to help him and his family. Being a poor family living in such a remote location and having such limited resources, the doctors knew



that without the help of a charitable organization or benefactor, Ricardo's future would be very grim. In the traditional Mayan culture, handicapped children like Ricardo experience severe prejudice, which is much more prominent in the rural communities in Guatemala. They aren't just looked down on for their physical disability, but even more so, they are looked on as an outcast because it is believed that they are cursed for some wrong doing. This belief even goes on to include that the curse can pass to others through contact with the child. Many of these children end up begging in the streets, surviving on the pity of others. The doctors knew this was the type of future Ricardo would probably face, and that is why they called the GOD'S CHILD Project asking for help.

It wasn't long after that when a team of three of us from the Project was designated to take charge of Ricardo's case: Sonia Paredes, the Social Work Coordinator; Javier Castro Escobar, the Multimedia Coordinator; and I, Joni Tweeten, the Nutrition Coordinator. I will always remember that first day I met Ricardo in the Roosevelt Hospital. He was extremely shy and scared. His father was there with him and would occasionally translate for him what we were saying. But Ricardo didn't say a word, not even in his native Quiché language. He didn't smile either. He just sat there on his bed with his little stumps of legs all wrapped up with gauze, staring at us. I just wanted to wrap my arms around him and comfort him, but he didn't know me, and my words of comfort would mean nothing to him, regardless of whether I spoke in Spanish or English.

During those first few months of our involvement with Ricardo, we worked in coordination with the Shriner's Hospital in St. Louis, Missouri, and benefactors in the St. Louis area, headed up by Patricia "Pat" Lobdell, to try and get Ricardo accepted for treatment in the U.S. In December of 2006, the representative at the Shriner's Hospital told us about Eddy Leopoldo Fuentes, a prosthesis, who had worked at the Shriner's Hospital in St. Louis for ten years. He had moved back to his native Guatemala a few years earlier to aid his fellow countrymen. She connected us with Eddy, and it wasn't long before our direction in helping Ricardo had turned from treatment in the U.S. to treatment in Guatemala.

We had Ricardo's first appointment with Eddy in January 2007 to see if it would be possible to provide Ricardo's prosthetic treatment in Guatemala. Thankfully, Ricardo's incisions had healed well without complications and his stumps were well formed, so re-constructive surgery was not necessary. Also at this appointment, Eddy offered to help us make

CONTINUED ON PAGE 9

## Message from the Board President



**Deb Soholt, RN, CNA, MS**

It is truly an honor for me to serve as President of the South Dakota Board of Nursing, and have the opportunity to speak with you.

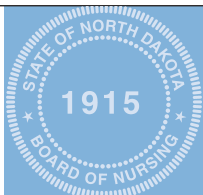
During a time of great change in the health of our people, along with the industry that delivers care, nursing practice regulation will be challenged in many new ways. As health care costs rise, access to care gaps widen, new care technology becomes mainstream – all within a global society – we will be called to think and decide in entirely new ways. It is exciting to imagine all of the grand conversations that will need to take place!

Recently the National Council of Board of Nursing (NCSBN) hosted a wonderful learning regarding crucial conversations at the mid-year meeting. By definition (Patterson et.al., 2002) a crucial conversation is a discussion between two or more people where (1) stakes are high, (2) opinions vary, and (3) emotions run strong. Are you called to these in your professional life? Crucial conversations exist everywhere, and hold much relevance to nursing regulation. Protecting public health through nursing licensure only exists within community. It is fundamental that a forum for collaboration with multiple stakeholders be in place for anything of meaning to emerge. Ultimately dicey conversations transpire. A core premise for success is that in knowing how to handle (even master) crucial conversations, there can be an effective path with any tough conversation. The goal would be to move beyond posturing of silence (withdrawing, avoiding, masking) and violence

(controlling, labeling, attacking), thereby opening a space of professional safety. Within that safety a pool of shared meaning can grow and be tapped as a great wisdom resource for decisions. Sound utopian? I would challenge all of us to move beyond any pessimistic mental filter and link arms around a new way of “being” together professionally. Surely, meaningful, lasting change – that which will inspire us to pursue a new future – is only possible through collective wisdom.

The SD Board of Nursing directors and staff recently engaged in a retreat to identify areas of growth and potential for the future. We revisited our essential mission, vision, values, and committed to four pathway strategic initiatives. The action plan to support our goals is far-reaching and inclusive of diverse issues such as medication delivery safety, role of unlicensed medication assistants, mandatory reporting of violations of the nurse practice act, just culture, absolute bars to licensure, advanced practice licensure models, care of diabetic children in schools, model policies for pain management, simulation for clinical education, faculty shortages and technology applications for licensure regulation. Each of these topics (and this is just a sampling of what is at the forefront) will compel crucial conversations. We are excited to discover who will desire to engage in the work with us. As a Board “of and for the people” we invite all interested to learn more, share more, and converse more!

Patterson, K. et. al. (2002). *Crucial conversations: Tools for talking when stakes are high*. New York: McGraw-Hill.



## North Dakota Board of Nursing Officers and Members

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**Julie Traynor, RN, Devils Lake**

## North Dakota Board of Nursing 2008 Meeting Dates

### UPCOMING BOARD MEETING DATES

**May 15 & 16**

**July 17-18**

**For additional information,  
please call 701-328-9779**

*North Dakota Board of Nursing Annual Report*

*is available on the website at*

*[www.ndbon.org/publications](http://www.ndbon.org/publications)*

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*A Program of the North Dakota Board of Nursing*

## NURSES *Have you moved recently?*

**Update your address on the ND Board of  
Nursing website: [www.ndbon.org](http://www.ndbon.org)**

**Click on: Address Change**

*We appreciate it when licensees help us maintain current records!!*

## Telephone Lines Busy? Use E-mail!

You can contact anyone at the Board of Nursing by email.

### BOARD STAFF

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**Gail Rossman, Technology Specialist**

**[grossman@ndbon.org](mailto:grossman@ndbon.org)**

## ND NURSES INVOLVED IN THE NCLEX PREPARATION FOR THE PAST TWO YEARS

Linda Shanta, Ph.D., RN, Board staff

Sara Berger, RN

Renee Olson, LPN, Board Member (Ret)

Deborah Schmitt, RN

Ruth Hursman, RN

Sarah Fuchs, RN

Janet K. Johnson, RN

## ATTENTION - CHECK YOUR UAP/MA EXPIRATION DATES

### UNLICENSED ASSISTIVE PERSONS AND MEDICATION ASSISTANT EXPIRATION/RENEWAL

- ◆ Unlicensed Assistive Persons and Medication Assistants who have a registration expiration date of June 30, 2008, will be mailed postcards in April 2008 notifying them to go to the ND Board of Nursing Web site ([www.ndbon.org](http://www.ndbon.org)) for renewal. **RENEWAL WILL ONLY BE AVAILABLE ONLINE. NO PAPER RENEWALS WILL BE AVAILABLE.**
- ◆ Failure to receive a renewal notice does not relieve an Unlicensed Assistive Person or Medication Assistant of the obligation to renew his/her registration before the expiration date.
- ◆ Unlicensed Assistive Persons and Medication Assistants have the responsibility of notifying the ND Board of Nursing of any address changes.
- ◆ If an Unlicensed Assistive Person or Medication Assistant assists in the practice of nursing without a current registration, he/she may be subject to grounds for discipline.
- ◆ The UAP/MA will be required to validate continued competency by providing one of the following:
  - Current Employer Verification -  
Current Employer's Name, City, State
  - Past Employment Verification—(employment must have occurred in the last two years)  
Past Employer's Name, City, State and Dates of Employment
  - Licensed Nurse Verification (independent from applicant employment setting)  
Licensed Nurse Name, RN/LPN License Number, RN/LPN  
License Expiration, Date of Competence Verification

## BOARD HIGHLIGHTS

- Accepted the update report from United Tribes Technical College related to NCLEX pass rates according to *NDAC 54-03.2-07-01.1 Performance of Graduates on Licensing Examination*.
- Approved the programmatic changes for Dakota Nursing AAS Program according to NDAC 54-03.2-06.02.
- Accepted the request of the ND State College of Science Practical Nursing Program and extend the approval through March 2011 according to NDAC 54-03.2-07-03. Full approval consistent with the ASN program approval.
- Granted continued approval for MN State Community & Technical College Medication Assistant Program II from January 2008 through January 2012.
- Granted continued approval for the CNE-NET PN Refresher Course according to board guidelines from January 2008 through January 2012.
- Ratified approval of the workshops for contact hours submitted to the ND Board of Nursing, which includes courses #644 through #651.
- Discharged the following applicants from the NFI Pilot Study for failure to submit survey data: Brent Kaiser, Debra Evenson, Christine Lauzon, Erik Watson, Valerie Jones
- Discharged Barbara Roth from the NFI Pilot Study for failure of the mentor to submit survey data.
- Ratified approval of the following Nurse Faculty Intern: Karen Clementich.
- Staff reported there are 213 out of state students receiving clinical experience in ND to date.
- 2008-2009 on-line renewal process was completed 12/31/07. Of those previously licensed: 1712 LPNs renewed, 360 did not; 4321 RNs renewed and 350 did not, 3 SPRN renewed, 323 APRNs renewed and 26 did not; APRN in another compact state 12 renewed, nine did not. Staff indicated that the CE audit is currently in progress with 38 left to submit materials.
- Criminal background checks will begin in ND on July 1, 2008.
- LPN passing standards has been raised effective April 1, 2008. The increase is a result of research used to determine safe entry level practice.
- Ratified that Ruth Hursman meets the qualifications for serving on the NCSBN NCLEX Examination Item Development Panel.
- Recognized the Qualified Service Provider List as a registry according to *NDAC 54-07-01-03. Recognition of Other State Registries* in lieu of the Unlicensed Assistive Person Registry for individuals who will be enrolled to provide attendant care and extended personal care under the Medicaid waivers.
- Tabled the decision on the revisions to the practice statement: "Role of the Registered Nurse in the Management of Patients Receiving Sedation/Analgesia for Therapeutic, Diagnostic, or Surgical Procedures" until the March meeting with additional research/documentation.
- Ratified prescriptive authority for the following: Danielle McPherson, FNP, Bismarck Collaborative Physician - Douglass Eggert, M.D.
- The minutes of the Prescription Drug Monitoring Program Advisory Council Meeting of December 11, 2007, were reviewed. The program was developed to track controlled substance prescriptions throughout the state to alert of possible prescription drug abuse. The Board will provide a Web site link for use by the APRNs with prescriptive authority.
- Board recessed at 1:40 p.m. for the Administrative Rules Hearing on revisions to NDAC Chapter 54.
- Initially adopted for public hearing the proposed revisions to NDAC Chapter 54-05-03.1-10 authority to prescribe related to expedited partner therapy as a joint rule promulgation with the North Dakota Board of Medical Examiners and the North Dakota Board of Pharmacy.

### Clinical Nurse Specialist - Psychiatry

MeritCare Medical Group in Fargo, ND has an immediate full-time position for a CNS with prescriptive authority to work in the Psychiatry department. Incumbent will be expected to perform comprehensive psychiatric history and mental status exams on primarily an adult mental health population through geriatrics as well as formulate and initiate a treatment plan based on data collected. CNS must provide ongoing evaluation of client response to treatment plan with revisions of data base, diagnosis and treatment as appropriate, monitoring and adjustment of psychiatric medication, with appropriate physician collaboration. Must be graduate of an accredited CNS program and have successfully completed the certifying exam.

**For more information, contact Jill C. Gilleshammer  
at (800) 437-4010, ext. 280-4851  
or via email: [jill.gilleshammer@meritcare.com](mailto:jill.gilleshammer@meritcare.com)**



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## REQUIREMENTS FOR LICENSURE BY EXAMINATION

### “FREQUENTLY ASKED QUESTIONS”

#### APPLICATION PROCESSING

##### When am I made “Eligible for Licensure by Examination”?

In order to be made eligible to test **AND** be issued a work authorization to practice as a graduate nurse, the following must be received in the board office:

- ◆ Online application for license by examination and \$110.00 fee payable by credit or debit card.
- ◆ Official transcripts from nursing program with the degree posted.
- ◆ Registration from NCLEX Candidates Services for testing (\$200.00 fee required).
- ◆ Criminal History Record Check registration and fee payable by credit or debit card (effective 7/1/2008).

##### What do I do if I have a name or address change?

Address and name changes can be made online under “Online Services.”

##### What are the payment options, and what do I do if I do not have a credit card or debit card?

You may use a Visa, Master Card or Discover credit or debit card, checking account information, or a Paypal account. If you do not have any credit cards or a bank account, you can purchase a Visa, MasterCard or Discover gift card at many banks or credit unions or at discount stores such as Wal-Mart and CVS Pharmacy for the purpose of paying for the online application.

##### What if I am claiming another compact state as my primary state of residence?

If you claim another compact state as your primary state of residence, you will need to apply for license by examination in your primary state of residence. If you change your primary state of residence at a later date, you can apply for license by endorsement in ND. See [www.ncsbn.org](http://www.ncsbn.org) for a current list of compact states.

#### SCHEDULING TO TEST

##### When can I schedule my appointment?

An Authorization to Test (ATT) is required to schedule your appointment. Once you’ve been made eligible for licensure by examination by the Board of Nursing, your ATT will be e-mailed to you by Pearson Vue if you provided

an e-mail address when you registered, or it will be mailed to you if you did not provide an e-mail address.

##### How long is the ATT valid?

The authorization to test is valid for ninety (90) days.

##### How soon will I be able to test?

You are guaranteed to be offered a testing date within thirty (30) days of the time you call the Pearson Test Center. If the test center offers a date within the 30 days and you decline that date, the test center has met their contractual obligation. Please contact the board office if you have any problems scheduling your test.

##### What happens if I need to reschedule?

If you need to change your appointment, you must contact NCLEX Candidate Services one full business day (24 hours) prior to your scheduled appointment.

##### Is there a practice test?

Yes, there is a tutorial available on the test vendor Web site at [www.pearsonvue.com/nclex](http://www.pearsonvue.com/nclex).

#### WORK AUTHORIZATION AND PRACTICE AS A GRADUATE NURSE

##### When do I get my Work authorization to practice as a graduate nurse?

When the ND Board of Nursing has made you eligible for licensure by examination, your work authorization will be issued. A paper work authorization will not be mailed. Your work authorization number, issue date and expiration date will be posted on our Web site. You can check our Web site at [www.ndbon.org](http://www.ndbon.org) – click on the Application Status link or the Verify License or Permit link under Online Services.

##### When can I start working as a graduate nurse?

Your work authorization must be issued before you start practicing as a graduate nurse or attend any orientation sessions.

##### How long is a work authorization valid?

The work authorization is valid for 90 days, or until you are notified of the test results, whichever occurs first.

##### Can anyone get a work authorization?

You must complete the application for licensure process within sixty (60) days of graduation in order to be eligible to receive a graduate nurse work authorization.

##### Will I receive a work authorization by mail?

No. Work authorizations will be posted on our Web site for applicants and employers to access.

#### OBTAINING RESULTS AND LICENSURE

##### How soon will my results be available?

Your unofficial examination results are available through NCLEX Quick Results Service offered by the test service. There is a \$9.95 fee for the use of this service via phone at 1-900-776-2539. You can also access your unofficial results via the internet at [www.pearsonvue.com/nclex](http://www.pearsonvue.com/nclex) and sign in with a user name and password. Then click on “Current Activity,” then “Recent Appointments,” and then “Status.” After entering a credit card number, the unofficial results will be displayed.

The examination results are mailed to you from the board office within seven days of your testing. The board office makes every effort to mail the results within 48 hours of your testing. **DO NOT CALL** the board office for your test results, as we are unable to release them over the phone or to your employer. If you pass, you will receive a license to practice as a nurse.

##### Can I find out if I passed or failed using the board’s Web site?

You can access the board’s Web site to see if a license has been issued. If a license is not showing for you, it does not necessarily mean that you’ve failed. It is possible that a license has not yet been issued for you. After the results have been processed, the license verification will show a license number if you passed, or the work authorization will be expired if you failed. **DO NOT CALL** the board office for confirmation, we cannot release pass/fail results by phone.

##### Can I start practicing as a nurse once I received my unofficial results that I passed?

No. You cannot start practicing as a nurse until you have been issued a license by the board of nursing.



### **How soon after I test will I be issued my license?**

The board office makes every effort to issue licenses within two business days of your testing pending receipt of Criminal History Record Check results (effective 7/1/2008).

### **When will my license expire?**

The license will be valid for the remainder of the calendar year. You will need to renew at the end of the year for the next two year cycle. Licenses

issued after October 1 will be issued a one year license for the following year.

### **What if I fail?**

If you fail, you will receive a diagnostic profile of your areas of weakness and the required documents to submit for retesting. You are able to retest 45 days after your original test date. The retesting materials can be submitted prior to that date for processing.

### **Can I continue to work as a graduate nurse if I fail the NCLEX?**

No. Your Graduate Work Authorization becomes invalid when you receive the examination results. A candidate who fails the licensing examination may not be employed in a position with functions that are usually assigned to licensed nurses. You are NOT able to continue to practice as a graduate nurse.

#### **CONTINUED FROM PAGE 4**

Ricardo's treatment more financially feasible by offering his services free of charge and getting his suppliers in the U.S. to donate the prosthetic feet, one of the most expensive components. We would just need our benefactors to cover the cost of materials and other expenses as needed.

Then at Ricardo's second appointment in February, we were joined by Pat Lobdell, who was visiting Guatemala with a GOD'S CHILD Project Service Team. At this appointment, Ricardo was weighted and casted,



allowing Eddy to begin the molding and construction of Ricardo's prostheses.

Finally, the big day came. On March 13, 2007, Ricardo was fitted with his new prosthetic legs, which included the donated prosthetic feet. His initial prostheses were called "stubbies," as they were very short and without a knee joint to help him learn to balance better. Thanks to the Project's connections with the Guatemalan McDonald Franchise owners, we were able to make arrangements for Ricardo and his adult brother to stay at the Ronald McDonald House in Guatemala City. He spent the evening practicing standing and swinging one leg alternatively with the help of a pediatric walker. At his follow-up appointment the next day, Ricardo was able to walk a little with the help of the pediatric walker and some assistance. He smiled from ear to ear the whole time. It was absolutely wonderful to see him smile and the light and joy in his eyes. Eddy

also helped set up some physical therapy for Ricardo near his home town to help with the contracturing that had developed in his hips.

After that, Ricardo's appointment schedule slowed to about every other month. At each appointment, Eddy made adjustments as needed and lengthened the prostheses to get him closer to his age appropriate height. At the September appointment, Ricardo showed off how he could walk all by himself. He was so proud as he walked down the hall. We all cheered him on, and his smile grew bigger by the minute. As he walked, his torso swayed back and forth quite a bit. To aid this, forearm crutches were ordered. After receiving them in late October, his balance improved greatly, giving him improved mobility and independence.

The last appointment I went to with Ricardo was in December, just a week or so before I returned to the U.S. At that point, Eddy explained that from now on Ricardo would need appointments about every six months, with knee joints to be added in the near future.

It has been such a joy to work on Ricardo's case and see his transformation physically, emotionally, and socially. My co-workers and I wanted to do something special for him for Christmas, so we arranged a trip to the zoo along with pizza and ice cream. A poor Guatemalan child like Ricardo would never have the opportunity to see so many amazing and beautiful animals from all over the world. And that is exactly what we wanted to give him. The look on Ricardo's face as he saw each and every new animal was so precious. His eyes lit up and shined with excitement. It truly was a once in a lifetime experience for him and me. I felt so blessed to share it with him. And now I hope and pray that his treatment and life continue down the wonderful path we have helped him find. Thankfully, I know he is in good hands, those of the GOD'S CHILD Project.

Joni Tweeten, RN, Is a 2002 graduate of Dickinson State University with a bachelor's degree in nursing.

The GOD'S CHILD Project is an award-winning nondenominational charity that cares for, educates, and provides health care to 4,000 orphaned, abandoned, and poverty-stricken children in the United States, Central America, and Africa, and brings educational support, human and legal rights protection, and community development to 8,700 widowed, single, and abandoned mothers worldwide.

For more information, please contact:

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Bismarck, ND 58504  
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[Director@GCPNC.org](mailto:Director@GCPNC.org)

## REFRESHING NURSING PRACTICE COMPETENCE

*Linda Shanta, Ph.D., RN, Associate Director for Education*

Measuring continued competence of nurses has been an issue that Boards of Nursing have grappled with across the nation. The difficulty in measuring competence of nurses' practice begins with the wide variety of practice areas in which licensees are engaged. On the other hand, it is the responsibility of the Board of Nursing in every state to protect the public by ensuring each licensed nurse maintains a safe level of competence for practice. The purpose of this article is to review the practice hour requirement and to discuss the requirements for refresher courses and the current Board approved refresher courses.

#### Requirements for License Renewal:

For many years, the North Dakota Board of Nursing has utilized minimum number of practice hours as a measure of continued competence. In 2003, the North Dakota legislature added a continuing education requirement to license renewal (NDCC 43-12.1-20 Continuing education requirements). Accordingly, the current license renewal requirements for nurses are 400 hours of practice in four years (NDAC 54-02-05-05.1 Practice requirements) and 12 Contact Hours of approved continuing education each renewal period of two years (NDAC 54-02-05-08 Continuing education requirement for license renewal).

#### Refresher Course Approval Guidelines:

Refresher courses are designed to assist nurses who have previously been licensed or are currently licensed, but do not meet the practice hour requirement to reinforce or regenerate nursing theory and practice knowledge and competence. The North Dakota Nurse Practices Act provides an exemption to license requirements for students practicing nursing as part of an approved nursing education program (NDCC 43-12.1-04[2]). Therefore, the North Dakota Board of Nursing developed guidelines for approval of refresher course programs. The courses are submitted to the Board for approval every four years. A summary of the course requirements include:

- Each course must have approved course syllabi and appropriate support materials to facilitate student learning.
- Faculty for courses must be composed of currently licensed registered nurse(s) who has/have a master's degree preferably in nursing and with two years of current nursing experience and competency in teaching/learning from academics or work experience.
- Course must include a minimum of 80 hours of theory for the registered nurse and 60 hours for the practical nurse.
- Theoretical instruction must be appropriate for the scope of practice for the level of licensure and must include:
  - Practice Competency
  - Pharmacotherapy
  - Professional values
  - Critical thinking
  - Communication
- Opportunity for application of theory to practice appropriate to the scope of practice.
  - Performance of practice skills must remain appropriate for the scope of practice of the licensed practical nurse or registered nurse as defined by NDAC 54-05-01 and NDAC 54-05-02.
- Nursing practice must be directly supervised by a preceptor that meets all of the following requirements:
  - Currently licensed registered nurse; and
  - Possess at least two years of current nursing practice experience.
  - Approved by the agency to act as a preceptor in a one-to-one relationship with student.
  - Portions of the experience may be delegated to another licensed nurse as appropriate.
- Practice instruction for both registered nurses and practical nurses must include a minimum of 100 clock hours of supervised clinical practice.
  - Two-thirds of the total practice time must be in direct patient care.

- Students must not be assigned to function in clinical leadership roles or in a position that requires supervision of other nursing personnel.
- The title for the student to utilize during the clinical experience is "Nurse Refresher Student (NRS)" or "Practical Nurse Refresher Student (PNRS)."

The document entitled *Guidelines for Nurse Refresher Courses* can be accessed and read in its entirety on the Board's Web site [www.ndbon.org](http://www.ndbon.org).

#### Currently Approved Refresher Courses:

There are currently two refresher courses holding approval by the North Dakota Board of Nursing. Contact information and enrollment/completion statistics follow.

##### Course Title: CNE-Net RN & LPN Refresher Courses

Contact Person: Becky Graner

Phone Number: (701) 223-1385

	FY 2005-2006	FY 2006-2007
Total number students enrolled	145	135
Total number students successfully completed course	137	105
Total number failed exam	No data	No data
Number dropped from course incomplete*	58	59

\* Students are dropped from course after one year of inactivity.

##### Course Title: Minnesota State Community and Technical College LPN Refresher Course

Contact Person: Karen Schumacher

Phone Number: (800) 426-5603

	FY 2005-2006	FY 2006-2007
Total number students enrolled	16	10
Total number students successfully completed course	9	10
Total number failed exam	0	0
Number dropped from course incomplete*	4	6

\* Students are dropped from course after one year of inactivity.

##### Course Title: Minnesota State Community and Technical College RN Refresher Course

Contact Person: Karen Schumacher

Phone Number: (800) 426-5603

	FY 2005-2006	FY 2006-2007
Total number students enrolled	21	10
Total number students successfully completed course	10	10
Total number failed exam	No data	No data
Number dropped from course incomplete*	3	6

\* Students are dropped from course after one year of inactivity.

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**Qualified applicants for this senior leadership role will demonstrate:** a collaborative leadership style to serve as a role model in exemplifying the mission, vision and organizational values of Brookings Health System. The successful candidate will possess a Masters degree in Nursing, Business, or Hospital Administration, 5 years experience in a similar role and a commitment to clinical and customer service excellence.

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Questions regarding this position or to request an application may be done by contacting:

**BROOKINGS HEALTH SYSTEM**  
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300 22ND AVENUE  
BROOKINGS, SD 57006  
(605) 696-7701  
OR  
via email at  
[ddavis@brookingshealth.org](mailto:ddavis@brookingshealth.org)  
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**Brookings**  
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## RECOVERY AS A LIFETIME CHALLENGE

### *Personal Reflections from Recovering Nurses*

#### **Prescription Drugs and a Nurse**

Nursing was my life along with my family, until the day my usage of prescription drugs was all I could think of. Prescription drugs impacted my nursing career and my family from the day I decided I liked the way they made me feel, act, and look.

It started out only taking the drugs when I was off work, then it went to taking them when I was at work and whenever I could take a pill or two. It did not matter what kind of pills I took, just as long as they gave me that “buzzed” feeling. I took so many different pills and as often as I could, sometimes I forgot I had just taken some and took more.

It is a great wonder that I never killed someone or myself. Looking back now and even after I was sobering up, I could not believe how I even functioned to work as a nurse. I do remember colleagues asking me if everything was ok, and of course, I came up with any kind of excuse I could think of. At that particular moment, everything was fine. When my family confronted me, I would lie about taking the pills, and it would make me more defensive and want to take more.

Finally, the worst happened. I went to work one morning and was confronted by the Director of Nursing. Well, of course I lied about taking controlled substance pills from a resident. I just lied, thinking in my head, “Did I do this?” I talked circles around the issue. The facility told me they were going to contact the State Board of Nursing and they were taking me off the schedule until further notice. They did mention something about me getting some help, but, of course, in my mind, that was not even an option.

I knew that my nursing career was over then. At that time, I did not care because the drugs had taken over my life.

I had to tell my husband then that I no longer had a job. He asked me if I was going to get off the drugs. I said I would try. It took from April of 2004 when I was confronted by the Nursing Home until August 2004 to stop taking any drugs. By then, my nursing license was suspended. I knew I was in big trouble with the law, and I was arrested for unlawful possession of controlled substance by deception. In December of 2004, I turned myself in to the Sheriff’s Department and faced my punishment. I felt so alone, not from my family; they were very supportive, but they did not understand from a nursing standpoint.

I have been drug free since August of 2004. It is the best feeling in the world, but I truly missed nursing. I never thought there was an option for me to even get my LPN license back. I spoke to family and friends about how much I missed nursing, and they encouraged me to call the North Dakota Board of Nursing. I finally called them, and I was a nervous wreck. I completed the paper work and then met with the North Dakota Board of Nursing in 2007. They granted me reinstatement of my LPN license under an encumbered status. I was so happy. I cried. I laughed.

I continue to have my support from family, friends and church.

What I would like to see is a Nurse Support group. I know I am

not the only nurse out there that has an addiction, and it would be so great to be able to talk to other nurses that have an addiction. I know for myself I felt like I was the only nurse in the world that has an addiction. I know now I am not! Let’s find a way to get a support group for nurses in North Dakota going!

LPN in Recovery

#### **The Beast in my Life**

If you would have looked in on my life a few years back, you would have seen what appeared to be a very happy, well adjusted wife, mother, daughter, friend and nurse. I was married to my high school sweetheart, we had two beautiful children, a five bedroom house, and I had a fulfilling job as an ER/ICU nurse at a great little hospital that I dearly loved.

What nobody saw was that I also had a closet full of skeletons and a horrible addiction to meth that I was trying desperately to hide. Life as I knew it ended one night, and I redirected the course of my life down a path I never dreamed could happen to me. I walked out on my husband and two children one night and disappeared into the destructive tornado of a meth addict’s life. My addiction had finally taken me to the point of being an IV user, and it became a beast in my life that I could no longer control, let alone hide. My family, including my husband, had no idea about my addiction, and they were devastated by my disappearance. I had begun a downward spiral that ended up costing me my family, my home and a career that I dearly loved.

By the grace of God, I had the presence of mind to voluntarily surrender my RN license to the board of nursing. After that and compounded by the separation from my children, I became even more hopeless and caught up in the seductive web of living a life addicted to meth. I ended up living on the streets and getting in trouble with the law. I even ended up going to prison twice before getting the opportunity to really make a change for the good in my life. The life changing decision I made was turning my life over to the Lord. I am currently completing a 13 month faith based recovery program, and I have been clean for almost 18 months.

I also was given the chance to appear before the Board of Nursing, and I was given the privilege of being an RN again through an encumbered license and participating in the Workplace Impairment Program. I am so excited to have been given another chance to do what I love again, and I hope in the future that I am able to use the experiences that I have been through to reach out and to help someone else in need.

RN in Recovery

*To find out more information about the Workplace Impairment Program or to help with the implementation of a Nurses Support Group in North Dakota, contact Karla Bitz, Associate Director, ND Board of Nursing, at 701-328-9783.*





## CRIMINAL HISTORY RECORD CHECKS

ALL APPLICANTS FOR INITIAL OR REACTIVATION OF LICENSURE/REGISTRATION WILL BE REQUIRED TO COMPLETE A CRIMINAL HISTORY RECORD CHECK BEGINNING JULY 1, 2008.

LIST OF INITIAL APPLICATIONS:

- RN/LPN LICENSE BY EXAMINATION
- RN/LPN/APRN/SPRN LICENSE BY ENDORSEMENT
- UNLICENSED ASSISTIVE PERSON
- MEDICATION ASSISTANT

## FREQUENTLY ASKED QUESTIONS CRIMINAL HISTORY RECORD CHECKS

NDCC 43-12.1-09.1

### ***DOES NORTH DAKOTA REQUIRE AN FBI BACKGROUND CHECK OR CRIMINAL HISTORY RECORD CHECK FOR NURSES/ UAPS?***

YES. Effective **July 1, 2008**, all individuals seeking licensure as a nurse or unlicensed assistive person to assist in the practice of nursing in the state of North Dakota must submit, along with the other requirements for licensure/ registration, a complete and legible set of fingerprints on a Board approved form for the purpose of obtaining a Criminal History Record Check (CHRC) from the Bureau of Criminal Investigations (BCI) and the Federal Bureau of Investigations (FBI).

### ***WHY IS IT NECESSARY FOR THE BOARD OF NURSING TO CONDUCT CRIMINAL HISTORY RECORD CHECKS (CHRC)?***

The Board of Nursing has a responsibility to exclude individuals from licensure/registration who pose a risk to the public health and safety. Nursing care is often of an intimate physical nature which affords nurses access to information about a patient as well as to the patient's personal property and loved ones in a way that is not available in a business or social relationship or to the public.

Another major reason to implement CHRC relates to the interstate Nurse Licensure Compact (NLC). North Dakota, as a participatory state that has enacted the NLC, must meet uniform core requirements to participate in the compact. A uniform core requirement of the NLC is that CHRC be conducted prior to a license being granted. North Dakota has agreed to comply with this requirement and must do so in order to continue participation in the NLC.

### ***HOW HAS THE BOARD OBTAINED INFORMATION ABOUT CRIMINAL***

### ***HISTORY IN THE PAST?***

The current system relies on self-disclosure of criminal history information by the individual applying for a license or registration.

### ***WHY DOES THIS SYSTEM NEED TO BE CHANGED?***

Self-disclosure by individuals is not the best means of public protection available to regulatory boards. The Board of Nursing has no verification that the individual has disclosed the information other than by the word of the applicant. CHRC are used to verify that information disclosed is truthful and constitutes full disclosure. Individuals who are not worthy of the public's trust are excluded from practice.

Once a license or registration is issued, it becomes a property right. It is safer for the public and more cost effective and efficient to deal with the issues prior to the issuance of a license or registration rather than after such a property right has been granted.

### ***CAN I BE APPROVED TO TAKE THE NCLEX WHILE WAITING FOR THE RESULTS OF THE CHRC?***

Yes. The Board may grant eligibility to take the examination and issue a work authorization to practice as a graduate nurse to an applicant for initial license by examination who has applied for a CHRC, provided the applicant has met all other licensure requirements.

### ***CAN I BE GRANTED A TEMPORARY PERMIT FOR LICENSE BY ENDORSEMENT WHILE WAITING FOR THE RESULTS OF THE CHRC?***

Yes. The board may grant a 90-day non-renewable temporary permit to an applicant for initial licensure by endorsement who has applied for a CHRC, provided the applicant has met all other

requirements for the temporary permit.

### ***CAN I BE PLACED ON THE UAP REGISTRY WHILE WAITING FOR THE RESULTS OF THE CHRC?***

No. The Board must receive a clear or approved CHRC prior to the issuance of a UAP registration.

### ***CAN I SUBMIT THE FINGERPRINT CARD WITH MY APPLICATION FOR LICENSURE/REGISTRATION?***

The Board of Nursing Web site ([www.ndbon.org](http://www.ndbon.org)) will provide detailed information regarding the CHRC process related to your application for licensure/registration.

### ***HOW LONG DOES IT TAKE TO RECEIVE MY WORK AUTHORIZATION/ TEMPORARY PERMIT?***

The length of time to receive the work authorization or temporary permit will vary depending on the applicant's circumstance. The Board may grant a nonrenewable temporary permit or work authorization to an applicant for initial licensure who has applied for a CHRC, provided the applicant has met all other licensure requirements.

### ***HOW LONG ARE THE RESULTS OF A CHRC VALID?***

The results of a CHRC are valid for one year.

### ***WILL CHRC BE REQUIRED FOR RENEWAL OF LICENSES AND REGISTRATIONS?***

No. At this time, an individual currently licensed or registered in ND will not be required to obtain a CHRC for licensure/registration renewal.

### ***WHAT HAPPENS TO AN INDIVIDUAL WITH A POSITIVE CRIMINAL HISTORY***

**WHO APPLIES FOR A LICENSE OR REGISTRATION?**

The Board of Nursing will continue to make decisions on a case-by-case basis. Each case is examined individually and a determination whether or not to grant a license or registration to an individual is based on the facts of the case.

**HOW MUCH WILL IT COST AND WHO WILL PAY FOR CHRC?**

The individual applicant for licensure or registration is responsible for all costs associated with CHRC. Costs related to fingerprinting fees may vary from approximately \$80-\$100 per record check.

**IF I ALREADY HAVE A CHRC THAT I OBTAINED FOR ANOTHER PURPOSE, CAN I USE THAT REPORT INSTEAD OF GOING THROUGH THE CHRC PROCESS AGAIN?**

No. An additional CHRC would need to be completed as required by the Board of Nursing. Fingerprints submitted to other agencies cannot be used by the Board of Nursing to obtain criminal history record checks from the BCI and the FBI.

**HOW LONG WILL THE CHRC PROCESS TAKE?**

The Bureau of Criminal Investigations will process the requests as quickly as possible. However, it is important that you plan ahead! Your license/registration will not be issued until your CHRC report has been reviewed and approved for processing.

**MY CHRC CAME BACK WITH A CHARGE I FORGOT ABOUT. WILL I AUTOMATICALLY BE DENIED BECAUSE I DID NOT DISCLOSE THE OFFENSE TO THE BOARD OF NURSING?**

You will not be approved for licensure/registration without providing the Board with information concerning the offense. Failure to disclose an offense must be explained to the Board of Nursing in writing and may result in denial of licensure or registration.

**WHAT CRIMES OR LICENSE DISCIPLINE MUST BE REPORTED TO THE BOARD OF NURSING?**

All arrests, charges, or convictions must be reported, except for minor traffic offenses not related to the use of drugs or alcohol. This includes misdemeanors, felonies, DWI, and DUI. Crimes must be reported even if they result

in a suspended or deferred imposition of sentence or if the charges were dismissed. All prior or current disciplinary action against another professional license must be reported whether it occurred in ND or in another state or country.

You do not need to report the arrest, charge, or conviction if the crime occurred as a minor, has been expunged, or if you have previously disclosed the criminal matter on any prior licensure or registration application to the North Dakota Board of Nursing.

**I HAVE A PENDING CRIMINAL CHARGE AGAINST ME. DO I HAVE TO REPORT THIS TO THE BOARD OF NURSING?**

YES. The Board of Nursing requires that arrests, charges, or convictions be reported to the Board. This includes all pending criminal offenses and/or disciplinary action.

For additional information, contact Karla Bitz, Associate Director for the Board of Nursing, at 701-328-9783.



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# MeritCare's

*Jean Tobkin, lead R.N.,  
MeritCare Perham*



## *Celebrating Extraordinary Nursing Care*

**100 Years**  
**LIGHTING THE WAY**



In the life of a patient, one nurse can make an astounding difference. A Perham, Minn., patient describes it well: "It's hard to deal with a disease that comes on suddenly and totally changes your life. I will have to have infusions regularly for the rest of my life. Thankfully, there are people like Jean who make it bearable. She greets me with a smile and a gentle touch, puts me at ease, does everything so efficiently and effortlessly. I believe her caring ways and consideration come as naturally as breathing."

For those caring ways and more, Jean Tobkin, lead R.N. at MeritCare Perham Clinic, received MeritCare's DAISY Award. Begun in early 2008 at Fargo-based MeritCare Health System, the DAISY Award celebrates the care and compassion of extraordinary nurses. Nominations come from those who experience the care — patients and families, and those who see the care — coworkers and physicians.

### **An extraordinary difference**

A family's experience inspired the DAISY Award, now presented at 175 health care organizations across the United States. J. Patrick Barnes struggled with idiopathic thrombocytopenic purpura, a disease of the immune system. Hospitalized for several weeks, he and his family experienced the dramatic difference extraordinary nursing can make. Patrick died at the age of 33. In his memory, the Barnes family established the DAISY (Diseases Attacking the Immune System) Foundation to help fight diseases of the immune system.

But they wanted to do more. Touched by the remarkable clinical skills and compassion demonstrated by nurses during Patrick's illness, the Barnes family made it their mission to recognize exceptional nurses across the country.

### **DAISY at MeritCare**

The DAISY Award has proved a good fit at MeritCare. "We liked the fact that this award celebrates the healing aspect of nursing and the incredible value this has to patients and their families," says JoAnn Sund, manager of the Office of Nursing Practice. "Patient-focused care is a top priority for us and this award supports it." MeritCare plans to present two DAISY Awards to deserving nurses each month.

Eligibility extends to advanced practice nurses, registered nurses and licensed practical nurses in all areas of MeritCare — hospitals, clinics, regional locations, home health and more. Recipients receive a hand-carved "Healer's Touch" sculpture, a framed certificate and lapel pin and a party to celebrate the honor.

# DAISY Award

"It's a source of pride for the whole department when one of their employees receives this award," says Sund. "The recipients become role models and word spreads about why they received this award."

At MeritCare, the nomination focuses on characteristics that support Relationship Based Care. In this model of care, a nurse is a sentry, healer, guide, teacher, collaborator and leader. Nominators are invited to give examples of how their nominee fulfills each of these roles.

"The DAISY Award is a great way to show these are the kind of professionals we have working here —the kind of nurses we want working here," says Sund. "We recognize and appreciate them."

## Taking the time

MeritCare's first two DAISY Awards went to Tobkin and to Steve Weippert, R.N., medical-surgical unit at MeritCare Hospital. Weippert, who joined MeritCare in 1984, was honored to receive the award. "It means a lot to be recognized for the care you give," he says. "It gets right back to why I went into nursing in the first place."

Nominations for Weippert included comments such as, "He's kind, caring and listens to patients' needs. He takes such pride in his work and the care given to patients. He always has the best interests of patients in mind."

Both Weippert and Tobkin were noted for their patient-education emphasis. Says Weippert: "Patients and families appreciate when you take the time to sit down and teach them. I don't want them to be in the dark about anything, including what needs to happen after they go home."

Tobkin, a 10-year nurse who joined MeritCare in 2006, came from an intensive care unit background. "I was surprised at what a difference you can make in the clinic setting just by making sure patients understand their care, such as medications or pre-op instructions," she says. "The clinic is where you have the chance to start the education process."

Tobkin found the DAISY Award meaningful for two reasons: "It's a wonderful feeling to be recognized for your work," she says. "The award also reflects the great team we have here. I'm just a small part of the good care we're able to provide." But to the patient who nominated her, she plays a big part. Writes the patient: "There are angels here on earth among us. I'm so happy and lucky to say I know one."

To learn more about MeritCare's DAISY Award and to discover nursing opportunities at MeritCare, visit [nurse.meritcare.com](http://nurse.meritcare.com).



*Steve Weippert,  
R.N., medical-  
surgical unit,  
MeritCare  
Hospital*



*Hand-carved  
"Healer's Touch"  
sculpture*



**MISSION STATEMENT**

To safeguard life, health, and the public welfare, and to protect citizens from unauthorized, unqualified, and improper application of nursing education programs and nursing practices, in accordance with **SDCL 36-9** and **SDCL 36-9A**.

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**On-Line License Renewal & Verification****Renewal: \***

Log on to the South Dakota Board of Nursing Web site, [www.nursing.sd.gov](http://www.nursing.sd.gov), then.

- Select Online License Renewal.
- If you are a first time user, you must register. To do so, provide a "user name" and create a password for yourself. *Please remember, when you return to the Online License Renewal page for future use, you will be asked to enter your "user name" and password. As such, keep your log in information and secure it in a safe place.*
- Once logged on, you will be able to select the option to renew your license. Enter all information as requested.
- Payment must be made with a Visa or MasterCard. All other payment options will require you to mail in your renewal application.
- After you have successfully renewed online, your renewal card will be mailed to you.  
\*Individuals with previous disciplinary actions or criminal convictions must mail renewal application and fee to the Board Office.

**License Verification**

Licensure status for all nursing professions and the certification status for Certified Nurse Aides can be verified online, [www.nursing.sd.gov](http://www.nursing.sd.gov), and then select Online Verification. A verification search may be done using license number or name. The verification report generated is considered a South Dakota Board of Nursing document and primary source verification.

**Criminal Background Checks Required for RN and LPN Applicants**

Criminal background checks must be submitted to the SD Board of Nursing with all new applications for nurse licensure by examination or endorsement. Fingerprint materials will be mailed to you upon request. Contact the Board of Nursing office at (605) 362-2760 or send your request to [Lois.Steensma@state.sd.us](mailto:Lois.Steensma@state.sd.us). Completed fingerprint cards must be accompanied with a fee of \$39.25 made payable to South Dakota Division of Criminal Investigation (DCI). Delayed processing of your criminal background check will result in the delay of processing your application.

**Upcoming Board Nursing Meetings**

**April 10-11, 2008**

**\*March 27, 2008**

**June 19-20, 2008**

**\*June 5, 2008**

**September 9-10, 2008**

**\*August 26, 2008**

**November 6-7, 2008**

**\*October 23, 2008**

\*Deadline for submission of agenda items and materials.

**All licensure forms, the Nurse Practice Act and contact information is available on the South Dakota Board of Nursing Website at [www.nursing.sd.gov](http://www.nursing.sd.gov)**



## South Dakota Board of Nursing Meeting Highlights

### January 29-30, 2008

#### Education

Accepted 2007 Annual Report of Nursing Education Programs visit  
Accepted site visit report and granted continued full approval status  
for  
Southeast Technical Institute  
Accepted evaluation reports 2007 with continued approval for summer 2008

- Avera Sacred Heart Hospital
- Spearfish Regional Hospital
- Avera St. Luke's Hospital Summer Intern Program

Accepted Presentation College corrective action plan  
Re-approved South Dakota State University College of Nursing  
Education Refresher Courses for RN and LPN

#### Discipline

Accept final action orders to be posted to Board Web site

*Note: Board Meeting minutes are available on our Web site at [www.nursing.sd.gov](http://www.nursing.sd.gov).*

### DISCIPLINARY ACTIONS TAKEN BY THE SOUTH DAKOTA BOARD OF NURSING

#### January 29-30, 2008

Shanna A. Shannon  
Voluntary Surrender Approved ..... P009176

Jacquelyn A. Muhs  
Voluntary Surrender Approved ..... R033133

Kimberly S. VanderVeen  
Letter of Reprimand ..... R031019

Teresa M. Forsting  
Letter of Reprimand ..... R015441

Elizabeth R. Lestenkof  
Suspension ..... R023245

Elizabeth M. Soholt  
Reinstatement ..... R034121

Eunice R. Hollow Horn  
Reinstatement ..... R028233

Betty C. Arthur  
Summary Suspension ..... R034888

Ashley A. McKillop  
Voluntary Surrender Approved ..... R035831

**The Health Professionals Assistance Program, A Multidisciplinary Diversion Program for Chemically Impaired Health Professionals**, provides a **non-disciplinary** option for impaired health professionals who recognize their illness of **Chemical Dependency** and the need for continuing care and/or practice limitations. The program is **confidential** and professionally staffed to monitor the treatment and continuing care of health professionals who may be unable to practice with reasonable skill and safety, if their illness is not appropriately managed.  
Call Maria Eining, MA, LPC, CDC III, Program Director at (605) 310-2426 or 605-362-3540 for more information.



### NURSING FACULTY

**Presentation College** is an independent Catholic educational institution, sponsored by the Sisters of the Presentation of the Blessed Virgin Mary. Presentation College is a Specialty Health Science Baccalaureate Institution committed to responding to change, achieving excellence and meeting emerging needs. The campus is located on a 100 acre campus in Aberdeen, South Dakota with branch campuses located in Eagle Butte, South Dakota and Fairmont, Minnesota. Presentation College's NLNAC accredited nursing program offers BSN and ADN degrees, including RN to BSN and LPN to BSN tracks

Presentation College currently has nursing faculty positions available (positions vary by campus). Current R.N. license and a Master's Degree in Nursing are required; preferred qualifications include Doctorate degree and previous teaching experience. Rank and salary will be commensurate with qualifications.

Send letter of application, resume, names and contact information for 3 personal and 3 professional references to Linda Jo Van Dover, 1500 North Main Street, Aberdeen SD 57401 or email [LindaJo.VanDover@presentation.edu](mailto:LindaJo.VanDover@presentation.edu). Review of applications will begin immediately and continue until positions are filled. For more information on Presentation College, visit our web site at [www.presentation.edu](http://www.presentation.edu).

Presentation College offers a competitive benefits package which includes tuition benefits for the successful candidate and his/her immediate family. The successful candidate will be subject to a background check prior to being offered the position.

# Lived Experiences in Nursing

**Introduction:** My name is Naomi Maude Freemont Renville. My father was a full-blood from the Omaha Tribe of Nebraska, and my mother, a Seneca, was born at Six Nations, Ontario. They met at Carlisle Indian Boarding School in Pennsylvania. When they married, they established their home on the Omaha Reservation in northeast Nebraska, where I was born [April 18, 1916]. Because of the tribal difference, we always spoke English, and my father said we did not necessarily have to participate in the Omaha Tribal customs; we would honor them. If we had lived with my mother's people, my oldest brother would have become a medicine man.

**History:** I used to think that I got into nursing by accident, but now I think it was predestination. Nursing was not my main interest when I graduated from Haskell Institute. I had already enrolled in the business education department when the Colonial Dames of America offered me a scholarship in the School of Nursing at Pennsylvania Hospital, Philadelphia. On the day the notice came, I cried and rebelled at my parents all day because I was not going to be a nurse. They finally prevailed. While they were at Carlisle, they had summer jobs in Philadelphia, and they were certain that I would be treated well in the "City of Brotherly Love." We had to sign a contract with the B.I.A. to promise to remain in Philadelphia for the specified time. Pennsylvania Hospital was established as the first hospital in the nation by Benjamin Franklin. It is situated near Independence Hall, where we spent much time during breaks. When I mentioned this to Dr. Brinkman, he asked, "Did you touch the Liberty Bell?" Yes. The School of Nursing was highly rated, one of the best in the nation. We had 12 hour shifts, half in class and half in the wards. We were rotated through all services: three months in medicine, three months in surgery, and three months in obstetrics. The three months in psychiatry was away from the main hospital at the Psychiatric Institute, and three months in pediatrics was held at the Children's Hospital, then three months visiting in nursing. Some time was spent as a scrub nurse, in the recovery room, in isolation, in private patient care, in the diet kitchen, and on night duty. We wore uniforms that changed with the seasons, dark blue striped chambray with black shoes and stockings for winter and light blue with white shoes and stockings for spring and summer. And always white aprons, cuffs and capes for cold weather. We served a probationary period of six months, at which time we were "capped." Each nursing school had its own distinctive design of cap.

Upon graduation, we were given pins with the hospital seal that also was of a distinctive design. We could then wear all white uniforms, most of which had long sleeves and were stiffly starched.

Anne Hancock from Fort Peck, Montana, and Angeline Murray from Parmalee, South Dakota, were my classmates. We were the second class to be sponsored by the Colonial Dames. The first consisted of Virginia Miller from Minnesota and Adeline Clark from Oklahoma. The Colonial Dames paid for our tuition, books, and uniforms, and gave us \$5.00 per month for spending money. Anne contracted TBC and dropped out. Angie and I were roommates except for the times when our schedules differed.

We had to remain in Philadelphia until the results of the state board exams were in. The hospital gave us pre-professional licenses and hired us at \$60.00 per month with room and board [in 1937]. This was the



easiest job I ever had, also prognostic of things to come,

as float nurse on night duty in the OB department. Some nights, there was very little activity, and sometimes there were as many as 17 deliveries in 24 hours.

We had been promised jobs in the Bureau of Indian Affairs, which at the time operated all the Indian hospitals. We returned home to await official notice that sent Angie to Cheyenne River, South Dakota, and me to Standing Rock at Fort Yates, North Dakota. I traveled by train from Sioux City to McLaughlin where a nurse from the hospital in Fort Yates picked me up and helped me get settled in the nurses' quarters. (The B.I.A. had a ban against married nurses.)

**1938-1980:** May 15, 1938, is a day I will never forget. The hospital was a two-story frame building with a stairway connecting the two floors. The staff consisted of one resident physician, one field doctor, one director of nursing, three staff nurses, and several assistants, one of whom was a graduate of the Lawton Training School and would probably now be equivalent to an LPN. We called her the "pink girl" to distinguish her from the lower level assistants who wore blue uniforms and thus were called "blue girls." I was replacing one of the staff nurses, and that day the second nurse left on vacation, which meant one nurse on days and one on nights. If I had return train fare that day, I would have quit on the spot.

An urban setting in a teaching hospital, all the textbooks, and professional staffing hardly prepared me for Fort Yates. I can't remember the bed capacity, but it must have been around 36. The first floor was used for TBC patients (and there were many waiting to be transported to Sioux San in Rapid City); cardiac and OB patients had to climb the stairs to the second floor. And that was where I experienced the most stressful moments of my life: the first ob delivery (just me and the mother); when I walked into the nursery to find an infant dead; a ruptured uterus with just the field doctor in attendance; a prolapsed cord; an appendectomy patient out of bed within hours of surgery. One of the positives was that I became acquainted with the Dakota culture and language. I met my husband at Fort Yates. He was a Sisseton-Wahpeton who had been given summer employment so he could play baseball with the Fort Yates team, and we were secretly married. It was a policy of B.I.A. to move personnel about, so it was that I was transferred to Kiowa Indian Hospital in Lawton, Oklahoma. Angeline Murray had already preceded me there. There was no longer a ban on married nurses, so I was able to assume my married name. And there was the 40 hour week. The hospital served several tribes, Kiowa, Comanche, Caddo, and Apache.

The most memorable event of the time in Lawton was witnessing the beginning, for us, of World War II. The hospital was across the highway from the Fort Sill Army Post, and we stood at the windows to

watch the 25<sup>th</sup> Division move out. A nurse whose boyfriend was leaving stood there with tears in her eyes as she sang "You Are My Sunshine," a popular tune of that time.

Soon thereafter, I moved to Sisseton; I had resigned my position with the idea that I would become a housewife, but I soon learned that was not for me. Fortunately, there was an opening at the hospital.

The Sisseton Hospital was much like Fort Yates, except that it was a newer building. In the early years, we did not have an emergency room or medical records staff, no laboratory and no pharmacy. The X-ray department was just a machine in a room. Emergencies were taken care of in the "treatment room," which also was stocked with the necessary drugs and supplies. We did have a central supply room next to the operating room. The nursery and delivery room opened onto the main corridor. The labor room was wherever we had room. During the early years, the Tribal people regarded the hospital as the "death house," mainly because they were brought there late in their illness and did die. We also had to teach them to accept the shots and perinatal care. In spite of all this, we treated surgical patients (TA, appendectomies, gall bladder, amputations, caesarean sections), mothers, babies, and children. Trachoma and TBC were prevalent until the advent of the newer drugs.

During these years, I was the only Indian RN on staff. We had several

Indian LPNs, and the nursing assistants were tribal members. I advanced from staff nurse to Clinical Supervisor to Director of Nursing Services. I took maternity leave for six children who were all born at the hospital.

Also during these years, health care technology was advancing, and we kept up as best we could with limited funding and space. Once I made a remark before the Tribal Council, saying that the hospital was outdated the day it opened, and one of the Council members said, "At least it was a hospital," having known the days when health care was delivered through a window in the agency commissary.

When I retired from active nursing, I found that I still didn't like house-keeping, and since I was in good health, I went on to other jobs. The first was as home visitor for a pilot program in environmental health, then on to home visitor for the Child Protection Program, then as First Aid Instructor at the college. Later, I helped organized the nursing program at the college. Finally, I was Community Coordinator for the Healthy Start Program.

In closing, I would like to mention a letter of recommendation that included the following:

Don't walk in front of me – I may not follow

Don't walk behind me – I might not lead

Just walk beside me and be my friend.

I feel that being a friend is the essence of nursing.

## A Nurses' Appreciation English Tea and Style Show

May 3, 2008 • 4 p.m.-7 p.m.

Washington Pavilion, Sioux Falls, SD

Almost 20 years ago, a group of nurses gathered together to explore ways to express their appreciation to their colleagues in nursing in the Sioux Falls area. This group became known as the Sioux Empire Nurses Association (SENA), and it was through their hard work and dedication that a tradition of celebrating Nurses Week at a Nurses' Appreciation Evening was born. For the last 18 years, SENa has sponsored the event for Sioux Empire nurses. In 2007, SENa dissolved. However, through the dedication and hard work of many of those previous SENa members who are also SDNA members, this year's celebration continues the tradition. It is our hope that all nurses recognize the value of their profession and the unique contribution that they make every day to healthcare.

So today, Celebrate! You are a NURSE!

Guest Speaker: **Marge Hegge** will bring to life the story of Florence Nightingale and her contributions to the nursing profession.

Food: Traditional English Tea time food and beverages

Entertainment: A trio of musicians is volunteering their time and talent so that we may enjoy their harmonious expressions of classical music. These talented people are: **Dr. Nancy Carroll** on violin, **Dr. Terri Peterson-Henry** on cello, and **Mary Helen Harris** on piano. A **fashion show** sponsored by **Younker's**, with **Linda Hagedorn** acting as emcee, will highlight local nursing students and

experienced nurses modeling this year's hottest trends.

Raffle and door prizes: **A stunning star quilt** (estimated value \$200) donated by **Judy Spruhan** will be up for raffle. Tickets are \$1/each or six for \$5. Tickets can be purchased from the SDNA office or by contacting **Becky Nichols** at 271-5060. **Door prizes** from local businesses will also be given away.

Brochures will be mailed out early April so be sure to watch your mailbox, or you may register through the SDNA office at 605-945-4265 or print off and mail the brochure from the SDNA Web site at <http://www.sdnursesassociation.org/events/>. Also, letters will be mailed to physicians' offices located in district 10, providing them the opportunity to sponsor a nurse or nurses' attendance at the event. The cost for the entire event and an evening of nursing fellowship and networking is only \$25/person.

Deadline for registration is **April 22, 2008**.

**Star Quilt for Raffle**

**Donate by Judy Spruhan, estimated value \$200**

**\$1/ticket or \$5/6 tickets**

**Contact Becky Nichols at 271-5060 for information on purchasing tickets or Brittany at the SDNA office at 605-945-4265. The drawing will be the evening of May 3 during the Nurses Week Celebration; need not be present to win.**





# NURSING EDUCATION PROGRAM ANNUAL REPORT 2007

Nancy Bohr, RN, MBA, MSN

The 2007 Annual Report of South Dakota Nursing Education Programs provides the Board of Nursing an assessment of each nursing education program's compliance with standards outlined in South Dakota's Nurse Practice Act. All fourteen nursing education programs in South Dakota provided information to the Board as required by November 2007. Information was gathered on their nursing students, faculty, graduates, curriculum, and clinical facilities in the state. The 2007 Annual Report of South Dakota Nursing Education Programs was presented and approved by the South Dakota Board of Nursing at its regularly scheduled meeting January 29-30, 2008.

South Dakota's fourteen nursing education programs are comprised of five baccalaureate, four associate, and five practical nurse programs. Seven of the fourteen programs offer upward mobility programs, six registered nurse (RN) and three practical nurse (PN) programs. The 2007 Nursing Education Annual Report is available at [www.nursing.sd.gov](http://www.nursing.sd.gov) within the South Dakota Center for Nursing Workforce link.

## Enrollment

Beginning enrollment for baccalaureate programs for RN licensure was 312 nursing students. Of the 970 students enrolled, there were six transfer students and 652 continuing students. Total

enrollment shows a 9.3 percent decrease from 2006. Enrollment in associate degree for RN licensure was 694 students, comparable to 2006 reported data. Of the 694 students, 351 were beginning students, two transfers, and 341 continuing students. PN programs for licensure of Licensed Practical Nurses (LPN) enrolled 181 students, including 124 new students, 23 transfer students, and 34 continuing students; 7.7 percent less students than in 2006. Overall, program enrollment in all three types of nursing education revealed a decrease in total student enrollment of five percent since 2006.

## Capacity

South Dakota's baccalaureate and associate RN programs received a total of 1,380 nursing student applications in 2007. Of those, only 814 (58 percent) were accepted for enrollment, representing a five percent decline in RN program enrollment from 2006.

Baccalaureate programs received 715 applications for spring and fall semesters in 2007. Of those, 105 applicants were not accepted as they did not meet qualifications for enrollment, while another 77 students qualified for enrollment but were not admitted due to lack of available program space. Of the 536 qualified students accepted in the program, 59 later declined admission and 11 dropped out prior to beginning their nursing program. Overall in 2007, 463 (64.8 percent) of the applicants were accepted and enrolled in courses. RN upward mobility programs were not included in the enrollment capacity numbers as these students hold active RN licenses. Baccalaureate nursing programs had a decrease of 99 students enrolled since 2006.

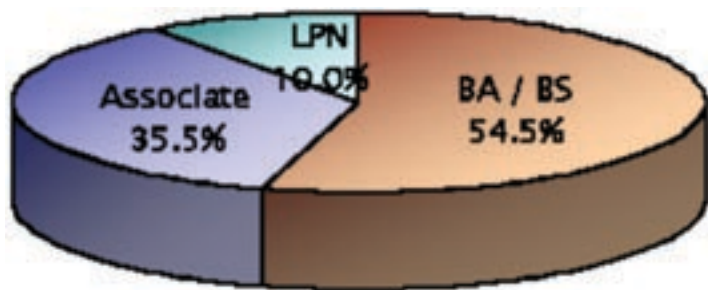
Associate degree programs received 665 applications, of which 135 were not accepted. Fifty-two applicants were accepted but declined admission, 113 were qualified but not admitted due to lack of space, and another 14 students dropped prior to beginning their nursing program. Overall, 351 (52.8 percent) applicants were accepted and enrolled in an associate degree nursing program. Associate degree programs had a decrease of 15 students enrolled since 2006.

Admission capacity in South Dakota's five PN programs totals 187 students; in 2007, 500 applications were received. Of the 500 applications received, 292 (58.4 percent) applicants were not accepted based on qualification criteria, eight were qualified but were not accepted due to lack of program space, 33 were accepted for admission but they later declined, and 18 were accepted but dropped prior to beginning the nursing program. Overall, 149 (29.5 percent) applicants were accepted and enrolled in 2007, which demonstrates a slight decrease in enrollment since 2006.

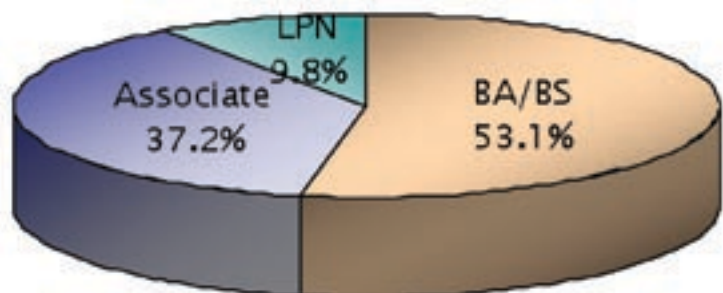
## Upward Mobility

RN & LPN ENROLLMENT BY TYPE OF PROGRAM

2006

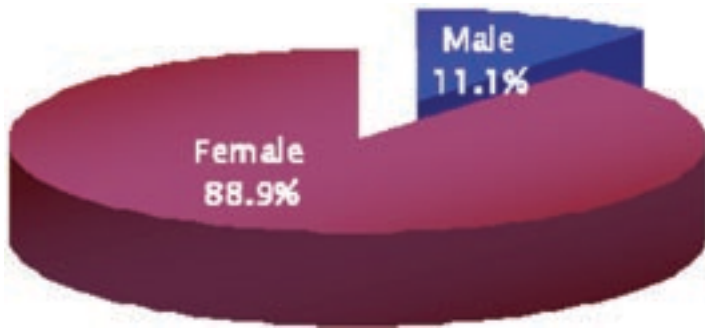


2007



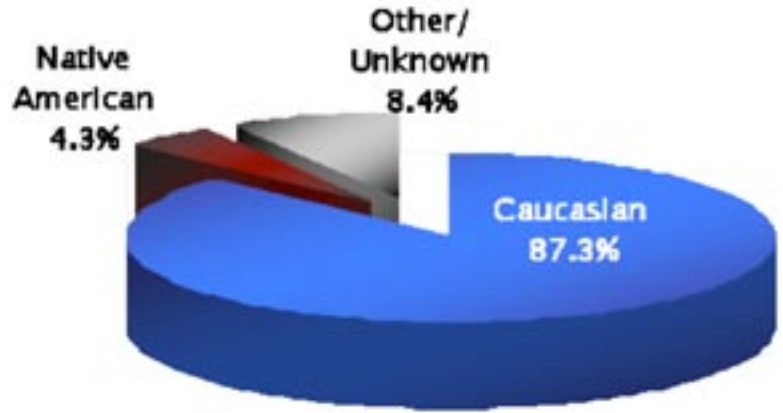


Enrollment in LPN to baccalaureate degree upward mobility programs increased 13 percent in 2007. Thirty-eight students were enrolled in 2006, as compared to 43 students in 2007. LPN to associate degree enrollment also increased, 31 students in 2006 to 77 students in 2007; this is over twice the number of students



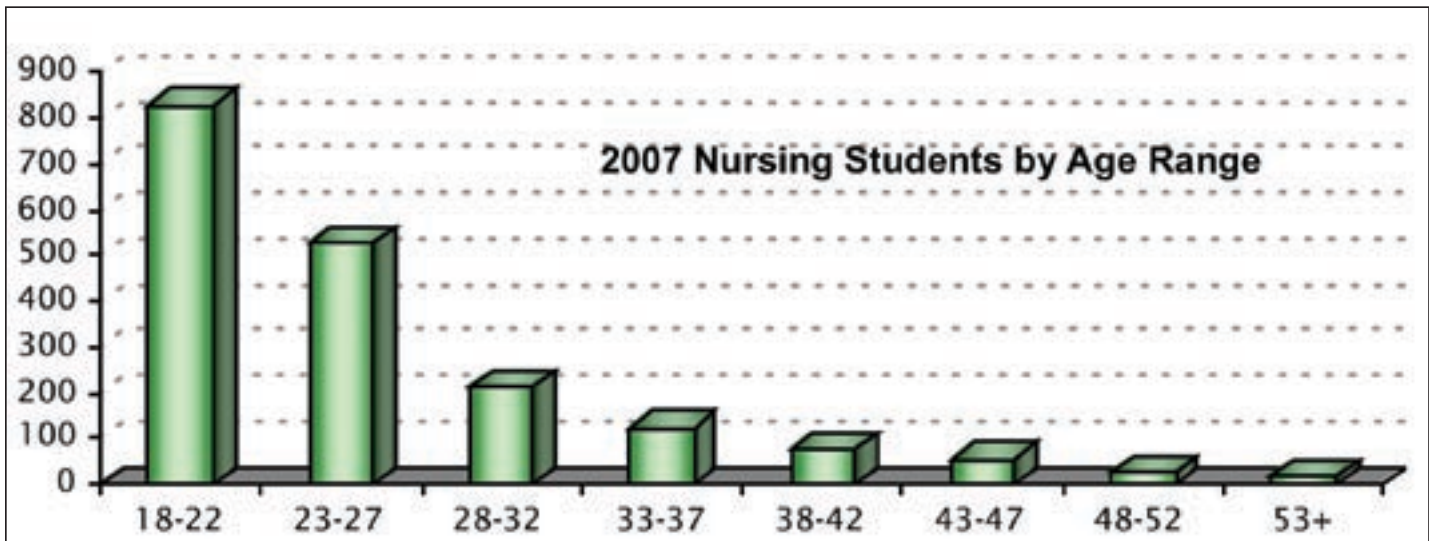
enrolled in 2006. Similarly, enrollment in the RN upward mobility programs also increased by 39 percent, 274 students in 2006 to 381 in 2007. Upward mobility enrollment for all programs types increased by 46 percent, 343 students in 2006 to 501 in 2007.

Ages of students enrolled in nursing education programs remained consistent since 2006. The majority or 44 percent (829) of students enrolled in nursing programs were 18-22 years of age,



28.4 percent (528) were 23-27 years, 11.2 percent (209) were 28-32 years, 6.5 percent (122) were 33-37 years, and 9.1 percent (171) of students were 38 years or older.

Almost 75 percent of students' enrolled identified South



#### Characteristics of Student Population

Females continue to comprise the majority or 88.9 percent (1,653) of RN and PN student enrollment (total student enrollment = 1,859), while only 11.1 percent (206) are male students, which is a slight increase of four percent. Males enrolled in RN baccalaureate and associate degree programs comprised 11.5 percent of the students; males enrolled in PN programs comprised 7.2 percent.

Dakota as their primary state of residence, while 13 percent indicated Minnesota, and the remaining 12 percent responded that Wyoming, North Dakota, Iowa, and Nebraska were their primary states of residence. Similar to previous nursing education reports, the majority or 87.3 percent of students in 2007 were Caucasian, 4.3 percent were Native American, and 8.4 percent of enrolled

CONTINUED ON PAGE 26

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students were other or unknown.

### Graduates

Baccalaureate nursing education programs produced 349 basic graduates, a 3.5 percent decrease from 2006. Associate degree programs produced 294 basic graduates, an 11.4 percent increase from 2006. PN programs graduated 158 students, which reflected a 12.9 percent increase from 2006. LPN to baccalaureate RN

faculty prepared with a baccalaureate degree increased by 30 percent and those prepared with an associate degree in nursing decreased by 50 percent. Nursing education programs continue to employ 11 percent or 29 doctoral prepared faculty.

Sixty-six faculty members were enrolled in programs leading to an advanced degree. Of those, 4.5 percent (3) were enrolled in a baccalaureate nursing program, 69.7 percent (46) were enrolled in a nursing master's program, and 25.8 percent (17) are enrolled in a doctorate degree program.

Baccalaureate nursing programs reported employing 176 faculty members. Of those, 43 percent were employed full-time and 57 percent part-time. The highest nursing degree held by the majority of faculty was a baccalaureate degree in nursing at 40.9 percent (72). Faculty holding a master's degree in nursing comprised 38.1 percent (67), while 16.5 percent (29) faculty holds a doctorate degree in nursing.

Associate degree nursing programs reported employing 64 faculty members, 88.3 percent employed full-time and 11.8 percent part-time. Of those, 73.4 percent (47) hold a master's degree in nursing, while 21.9 percent (14) hold a baccalaureate degree in nursing.

PN programs reported employing 37 faculty members, 62.2

upward mobility produced seven graduates, a 50 percent increase from 2006. RN to baccalaureate degree upward mobility programs produced 65 graduates, a 38.3 percent increase since 2006. The LPN to associate degree upward mobility programs produced 53 graduates, an 18.5 percent decrease from 2006. The majority of RN and PN graduates were 23-27 years of age.

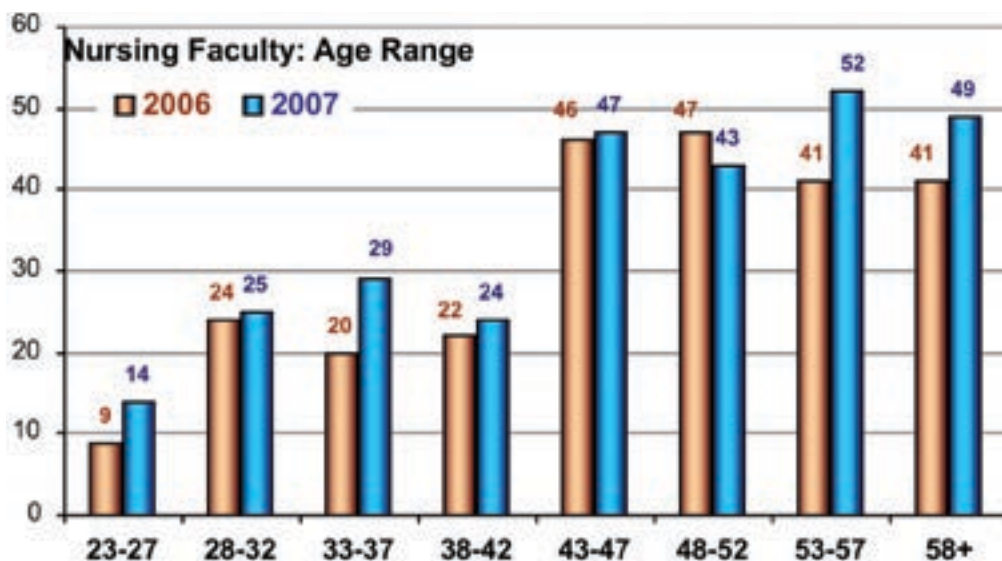
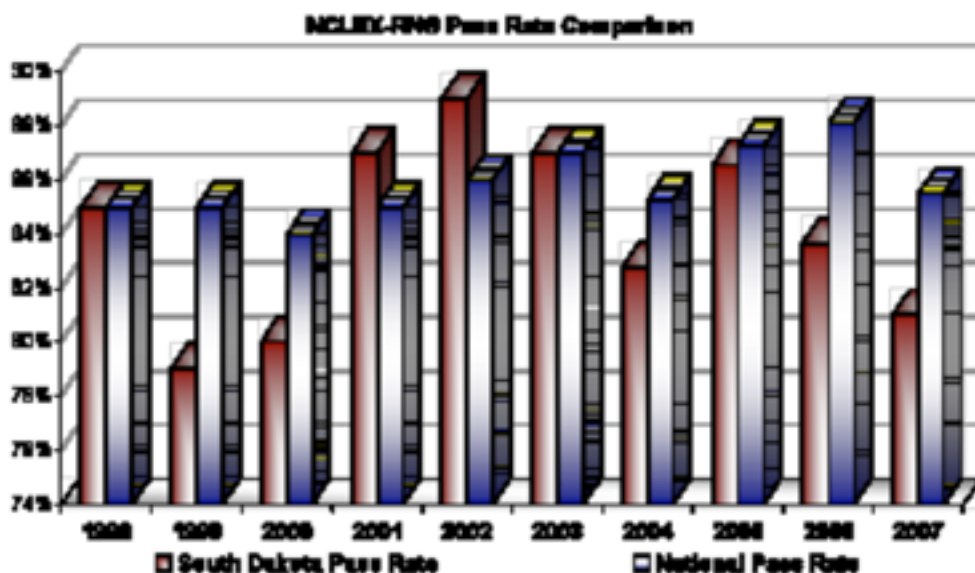
percent (23) were full-time and 37.8 percent (14) part-time. Of those faculty, 22.5 percent (7) hold a master's degree in nursing, 48.6 percent (18) a baccalaureate degree in nursing, and 16.2 percent (6) hold an associate degree in nursing.

### Licensure Exam Pass Rates

PN pass rates for the National Council Licensure Examination (NCLEX-PN) in 2007 was 87.25 percent, 3.6 percent higher than the national pass rate. RN pass rates for the NCLEX-RN was 81 percent, four percent below the national pass rate.

### Faculty

Educational preparation of faculty employed by all types of nursing education programs in 2007 reflected a two percent decrease in faculty prepared with a master's degree in nursing, while





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contact Human Resources  
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# The NCSBN Board of Directors Voted to Raise the Passing Standard for the NCLEX-PN Examination

CHICAGO - The National Council of State Boards of Nursing, Inc. (NCSBN) voted at its Dec. 5-7, 2007, meeting to raise the passing standard for the NCLEX-PN examination (the National Council Licensure Examination for Practical Nurses). The new passing standard is -0.37 logits on the NCLEX-PN logistic scale, 0.05 logits higher than the previous standard of -0.42. The new passing standard will take effect on April 1, 2008, in conjunction with the 2008 NCLEX-PN Test Plan.

After consideration of all available information, the NCSBN Board of Directors determined that safe and effective entry-level LPN/VN practice requires a greater level of knowledge, skills, and abilities than was required in 2005, when NCSBN established the current standard. The passing standard was increased in response to changes in U.S. health care delivery and nursing practice that have resulted in entry-level LPN/VNs caring for clients with multiple, complex health problems.

The Board of Directors used various sources of information to guide its evaluation and discussion regarding the change in passing standard. As part of this process, NCSBN convened an expert panel of 10 nurses to perform a criterion-referenced standard setting procedure. The panel's findings supported the creation of a higher passing standard. NCSBN also considered the results of a national survey of nursing professionals including nursing educators, directors of nursing in acute care settings and

administrators of long-term care facilities.

In accordance with a motion adopted by the 1989 NCSBN Delegate Assembly, the NCSBN Board of Directors evaluates the passing standard for the NCLEX-PN examination every three years to protect the public by ensuring minimal competence for entry-level LPN/VNs. NCSBN coordinates the passing standard analysis with the three-year cycle of test plan evaluation. This three-year cycle was developed to keep the test plan and passing standard current. A PDF of the 2008 NCLEX-PN Test Plan is available free of charge from the NCSBN Web site <https://www.ncsbn.org/1287.htm>.

*The National Council of State Boards of Nursing, Inc. (NCSBN) is a not-for-profit organization whose membership comprises the boards of nursing in the 50 states, the District of Columbia and four U.S. territories.*

*Mission: The National Council of State Boards of Nursing (NCSBN), composed of Member Boards, provides leadership to advance regulatory excellence for public protection.*

*Media inquiries may be directed to the contact listed above. Technical inquiries about the NCLEX examination may be directed to the NCLEX information line at 1.866.293.9600 or [nclexinfo@ncsbn.org](mailto:nclexinfo@ncsbn.org).*



Nurses needed in South and North Dakota. Become part of a caring team!!!

## RN's/LPN's

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